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REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.

First Named Inventor

Original Patent Number

Original Patent Issue Date
(Month/Day/Year)

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)

☐

Utility Patent

☐

Design Patent

☐

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☐ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☐ Original U.S. Patent currently assigned? ☐ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS☐

Customer Number.

OR ☐

Correspondence address below

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City	Chicago	State	IL	Zip Code	60614
Country	USA	Telephone	312 345 8474	Fax	773 880 5574

Nam (Print/Type)	Oral Sekendur	Registration No. (Attorney/Agent)	
Signature		Date	7/25/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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03915 U.S. PTO

10/629941



07/31/03

 The PTO did not receive the following
 listed items(s) US Patent (Specification)

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional)	
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	**** =	x \$ ____ =		or	x \$ ____ =	
(C)	Independent claims (37 CFR 1.16(i))	(D)	* =	x \$ ____ =			x \$ ____ =	
				Basic Fee (37 CFR 1.16(h))		\$ ____		
REISSUE FEE 1.16(h)				Total Filing Fee		\$375.00	OR \$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
					Total Additional Fee		\$	OR \$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="font-size: 1.5em; margin: 0;">7-25-03</p> <p style="margin: 0;">Date</p> <p style="font-size: 1.5em; margin: 0;">Pat. # 5,852,434</p> <p style="margin: 0;">Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;"> <p style="margin: 0;">Signature of Applicant, Attorney or Agent of Record</p> <p style="font-size: 1.2em; margin: 0;">ORAL SEKENDUR</p> <p style="margin: 0;">Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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IN THE US PATENT AND TM OFFICE

Pat. No.: 5,852,434

Application No.: 574,117

Filing Date: 12/18/95

Inventor: Sekendur, Oral F.

Appn. Title: Absolute Optical Position Determination

Examiner: Vijay Shankar

Mailed 7/25/03

Group:

Chicago, IL

Commissioner of Patents and Trademarks

Washington, District of Columbia 20231

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Date: 7/25/03

Inventor

A handwritten signature in black ink, appearing to read 'Oral Sekendur', written over a horizontal line.

**Inventor Oral Sekendur
(773) 880-5574**

IN THE US PATENT AND TM OFFICE

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Washington, District of Columbia 20231

REQUEST FOR REISSUE
PURSUANT TO 37 C.F.R. 1.176

Request

1. In light of newly discovered documents outlined below, Inventor respectfully requests reissue of his U.S. Patent No. 5,852,434 pursuant to 37 C.F.R. 1.176:
 - HILTON, Colin Sefton: U.S. Patent No. 5,027,414 and European Patent Application No. 88300370.9 (Publication No 0 276 109 B1),
 - TANZAWA, Setsu: Japanese Patent Application No. S60-88861
2. Copies of the two documents are attached.
3. Inventor suggests adding the following line to his Claims 1, 10 and 16:

“- Whereby said at least one coding means comprises an optical image.”
4. Reissue fee of \$375.00 is enclosed



Inventor Oral Sekendur
(773) 880-5574